								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10869961					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			9				1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			5 m	minus 20=		•		XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			۵ کر	ninus 3 = ,	•			X43=	 	OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					.146-	1	1			
• 11	the difference	e in column 1 is	ess than zero, enter "0" in column 2				' I	+145=	1	OR	+290=	504	
CLAIMS AS AMENDED - PART II								TOTAL	Ŀ	JOR	TOTAL	770	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
ENTA	9 post	CLAIMS REMAINING AFTER AMENDMENT	·	MIGHE NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 9	Minus	-de)	-0	[X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	- 3		-6		X43=		OR	X86≈		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OB	TOTAL		
	(Column 1) (Column 2) (Column 3)						. A	ODIT. FEE	L	JON ,	ADDIT. FEE!		
AMENDMENT B	ان-حرب	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 9	Minus	-20		•		X\$ 9=		OR	X\$18=	/	
	Independent	• 3	Minus	3		•	ŀ	X43=	• •	OR	X86= /		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145e			+290=		
				·			L	TOTAL		OR OR	XOTAL	-	
	(Column 1) (Column 2) (Column 3)						AC	OT. FEE	<u>—</u> —		LDOIT. FEEL		
5	CLAIMS REMAINING			HIGHE	51		Г	· •	ADDI-	· [ADDI-	
MENDMENT		AFTER AMENDMENT		PREVIOL PAID FI	JSLY	PRESENT EXTRA	l	RATE	TIONAL FEE	.	RATE	TIONAL	
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•		X43=		`` 	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
	the "Highest Nur the "Highest Nur	iber Previously Pai iber Previously Pai	d For IN THIS id For IN THIS	S SPACE (6) S SPACE (6)	ess than	20, enter "20."		TOTAL DIT. FEE			DOIT. FEEL		
T	ha, 'Highest Num	ber Previously Paid	For* (Total or	Independen	1) is the I	highest number	found	in the app	propriate box	in colu	mn.1.		